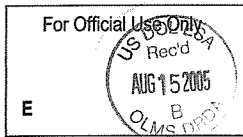


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8592	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name STEPHEN L SPEED P.O. Box, Bldg., Room No., if any Street 155 RACCOON BRANCH ROAD City JASPER State AL ZIP Code + 4 35504	4. Name, file number, and address of labor organization. Name INTERNATIONAL BROTHERHOOD OF BOILERMAKERS Labor Organization File Number 000-074 P.O. Box, Building and Room Number, if any Street 753 STATE AVENUE City KANSAS CITY State KANSAS ZIP Code + 4 66101
5. Position in labor organization. INTERNATIONAL REPRESENTATIVE / GENERAL ORGANIZER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name HAYES BOILER & MECHANICAL INC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2160 NORTH ASHLAND AV City CHICAGO State ILLINOIS ZIP Code + 4 60604-3024	7.a. Nature of Interest, Transaction, or Income. ATTENDED A TRIPARTITE GOLF OUTING WITH VARIOUS OTHER UNION REPRESENTATIVES, CONTRACTORS AND OWNERS. 7.b. Amount. \$ 60.00

Signature

Stephen L. Speed

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Stephen L. Speed

On

8-1-05

Date

(205) 387-7051

Telephone Number

Name of Person Filing STEPHEN L. SPEED	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name SOUTHEASTERN AREA JOINT APPRENTICESHIP COMMITTEE</p> <p>Trade Name, if any: SAJAC</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3715 UPPER CREEK DRIVE</p> <p>City RUSKIN</p> <p>State FLORIDA ZIP Code + 4 33573</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>ADMINISTERS AND OVERSEES BOILERMAKER APPRENTICESHIP PROGRAM.</p> <p>11.b. Approximate dollar value of such dealing. \$ 3,500,000</p> <p>12.a. Nature of interest held or income received.</p> <p>I ATTENDED THE APPRENTICE OF THE YEAR BANQUET FOR WHICH I WAS A JUDGE.</p> <p>12.b. Amount. \$ 35.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>